



Healthy Start

Cohorts 1 through 10 only

BUDGET I N F O R M A T I O N P A C K E T

Budget Categories and Restrictions
Evaluation Reporting Information
Option to Extend Sample and Information
Expenditure Report Instructions and Forms
Contact Person Update Form

**California Department of Education
Healthy Start Office
May 2003**

HEALTHY START GRANT BUDGET CATEGORIES AND RESTRICTIONS

Note: As of May 2003, all funds had been disbursed to Cohort 10 and older Grants.

COLLABORATIVE PLANNING GRANT FUNDS

Collaborative Planning Grant funds are awarded to a maximum of \$50,000 budgeted over a one to two year period. The following restrictions apply to the use of Collaborative Planning Grant funds:

- Funds may not be used toward the purchase of direct services. Direct services do not include salaries for staff who are developing the program or for case management.
- Funds may not be used toward facilities rental, lease, purchase or renovation.
- Funds may not be used for capital outlay.
- Equipment costs may not exceed 10 percent of the total Collaborative Planning Grant budget.
- Funds may not be used for out-of-state travel.

Collaborative Planning Grant funds must be kept in separate accounts from Operational Grant funds for the same school(s) due to different budget restrictions.

OPERATIONAL START-UP GRANT FUNDS

Start-up grant funds may be requested and awarded to a maximum of \$100,000 per Operational Grant. The following apply to the use of Start-Up funds:

- No more than \$50,000 may be used toward facilities renovation (such as modifications to a facility or preparation necessary for a newly acquired facility).
- Note: Funds may not be used toward the acquisition of a facility (i.e., rental, lease or purchase).
- There is no cap on equipment costs.
- Funds may be used for hiring staff.
- Funds may be used for contracting with professional consultants or service providers to design programs or provide technical assistance.
- Funds may not be used for out-of-state travel.
- Funds may be used to design a program evaluation.

Start-Up funds must be kept in separate accounts and reported separately from Operational Annual funds on fiscal reports. As with the Annual funds, you have the entire grant period to expend Start-Up funds.

OPERATIONAL ANNUAL GRANT FUNDS

Operational Annual funds are awarded to a total maximum of \$300,000, if approved by annual legislative language, and budgeted over a five-year period. The following restrictions apply to the use of Annual grant funds:

- No more than 50 percent of Operational Annual grant monies may be used to purchase direct services (such as health care, drug treatment, dental services). These restrictions are applied because Healthy Start implementation efforts must focus on identifying and utilizing support services with other funding sources, and on developing private funding sources.
- Note: Direct services do not include salaries for staff who are developing or operating the program, or for case management.
- Funds used towards facilities rental, lease, or purchase for space dedicated to Healthy Start use, may not exceed 15 percent of the total Operational Annual budget. Note: Funds may not be used toward facility renovation.
- Equipment costs may not exceed 10 percent of total Annual budgets. (\$100,000 for each year that funding is provided).
- Funds may not be used for out-of-state travel.

Please note that **GRANT FUNDS MUST BE USED TO SUPPLEMENT, NOT SUPPLANT, EXISTING SERVICES.**

Schools are prohibited from using Healthy Start funds to pay for existing levels of services, or to use Healthy Start funds to make up for budget cuts unrelated to Healthy Start. All Healthy Start grantees must match the state funds they receive by 25 percent in cash, services, or resources. That is, one dollar of value must be supplied for every four dollars awarded.

Carryover of Funds

Operational grantees have the entire grant period to expend grant funds, regardless of whether they are start-up or annual. Carryover does not become an issue until the end of the grant period. With the passage of AB 525 (Chapter 172, Statutes of 1997), at the end of the initial three-year grant period, the collaborative will be given the option of extending their grant period to four or five years.

The three-year grant period has a carryover provision (no more than \$25,000) carryover to be fully expended within one year). Carryover year funds not expended within the one year must be returned to the California Department of Education.

The four to five year grant period has NO carryover provision (at the end of the grant period, all unexpended funds must be returned to the CDE).

EVALUATION REPORTING INFORMATION

PRELIMINARY EVALUATION PLAN AND BASELINE DATA AND ANNUAL EVALUATION REPORTS

- October following the first year you receive your Operational Grant, your Preliminary Evaluation Plan and Baseline Data will be due.
- Each October thereafter your Annual Evaluation Report with school wide and student -level data will be due to the California Department of Education Healthy Start Office no later than October 30.
- Reporting forms and information are available at our Web site:
<<http://www.cde.ca.gov/healthystart/eval/eval.htm>>

Note: Option to Extend forms are mailed to grantees in year three of the grant period and a response is mandatory.

California Department of Education
Healthy Start and After School Partnerships
January XXXX

Healthy Start Grant Award
AB 525 - five-year option
Cohort X

Healthy Start Operational Grant Period Option to extend from three to five years

Return to: Healthy Start and After School Partnerships P. O. Box 944272 Sacramento, CA 94244-2720 (916) 319-0923 **FAXES NOT ACCEPTED**	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Grant ID#:</td> <td style="width: 50%;"></td> </tr> <tr> <td>LEA:</td> <td></td> </tr> <tr> <td>Identifying School:</td> <td></td> </tr> <tr> <td>Grant Amount:</td> <td style="text-align: right;">\$</td> </tr> </table>	Grant ID#:		LEA:		Identifying School:		Grant Amount:	\$
Grant ID#:									
LEA:									
Identifying School:									
Grant Amount:	\$								

Assembly Bill 525 (Chapter 172, Statutes of 1997) allows Healthy Start operational grants to be awarded for a three to five year period. In January of their third year, grantees have the option to extend their grant to up to five years.

Note: RESPONSE IS MANDATORY. Response is due by February XX, XXXX.

Option 1: Continue with the existing three-year grant period and conditions.						
Existing grant award conditions remain in effect. <ul style="list-style-type: none"> Payments: Existing payment schedule will remain in effect. Carryover Provision: No more than \$25,000 carryover at the end of the grant period (June 30, XXXX) to be fully expended within one year. Unexpended funds over the \$25,000 limit must be returned to CDE. Carryover year funds not expended within the one-year period must be returned to CDE. Expenditure reports: Due for year three in June XXXX with carryover plan. Carryover year report due in September XXXX. Evaluation reports: Due for year three in October XXXX. 						
Option 2: Extend existing grant period to five years with revised grant conditions.						
<ul style="list-style-type: none"> Revised grant award form must be signed and mailed to Healthy Start & After School Partnerships, California Department of Education, by February XX, XXXX (Superintendent's original signature is required; faxes will NOT be accepted.) Payments: Existing payment schedule will remain in effect. No Carryover: No carryover at the end of the grant period (June 30, XXXX). The grantee has the entire grant period to expend grant funds but at the end of the grant period, all unexpended funds must be returned to CDE. Expenditure reports: Due annually for all grant years remaining (September of XXXX, XXXX, and XXXX). A proposed budget for years four and five will be due along with the September XXXX expenditure report. Evaluation reports: Due annually for all grant years remaining (October of XXXX, XXXX, and XXXX). 						
Certification:						
I, as authorized agent of the LEA receiving the grant and on behalf of the Healthy Start collaborative, choose the following option for the above referenced Cohort X operational grant.						
Choose one only: ? Option 1: Continue with existing three-year grant period with existing conditions. ? Option 2: Extend the grant period to five years with revised grant conditions.						
*sign and return the revised Grant Award and Conditions Form						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Superintendent or Designee</td> <td style="width: 33%;">Title</td> <td style="width: 33%;">Telephone</td> </tr> <tr> <td colspan="2">Signature</td> <td>Date</td> </tr> </table>	Superintendent or Designee	Title	Telephone	Signature		Date
Superintendent or Designee	Title	Telephone				
Signature		Date				

Annual Expenditure Reports for the Healthy Start Grants

These instructions were prepared to guide you through completion of the annual expenditure reports required for your Healthy Start grants. If you have questions please contact our staff at 916/319-0923.

General Instructions: The following paragraphs apply to all reports. Detailed instructions for each form follow these general instructions.

Dollar amounts: Report amounts in whole dollars only. ROUND ALL AMOUNTS TO THE NEAREST DOLLAR.

Certification and signatures: The certification and signature area should be completed as indicated. Original signatures of both the Grant Contact Person and the Superintendent or Designee are mandatory. This assures CDE that both the person responsible for the program and an official representative of the responsible Local Education Agency have certified to the accuracy of the data supplied and the grantee's compliance with the programmatic restrictions imposed by the laws and regulations authorizing the Healthy Start program. **If the grant contact person, or any contact information has changed since the last submission to the CDE, complete and fax to 916/319-0221. The Contact Person Update Request form is the last page of this Budget Information Package.**

Grant Period: The Grant Period for a Planning Grant is the two-year period shown on the Grant Award document. For an Operational Grant, the Grant Period is three years for those grantees not extending, and five years for those who do extend. Thus: the Grant Period of a Cohort 9 Operational Grant was originally 6/30/00 to 6/30/03. If the grantee chose to extend to five years, the Grant Period became 6/30/00 to 6/30/2005.

Expenditure Period: The Expenditure Period is from the inception of the Grant through June 30 of the year just ended.

Indirect Costs: Contact your fiscal office for current indirect cost rates approved by the CDE or link to the CDE website at <<http://www.cde.ca.gov/fiscal/financial/icr.htm>>. Do not include Series 6000 (Capital Outlay) when calculating indirect charges.

Note: Because indirect cost rates may fluctuate from year to year, indirect costs are based on the expenditures of the year just ended. Therefore, indirect charges are calculated individually from year to year. An accumulated total is reported on the expenditure form.

REPORTING REQUIREMENTS

EACH YEAR OF GRANT OPERATION: Submit the expenditure report and applicable narrative no later than September 30 to:

California Department of Education
Healthy Start Office, Suite 6408
P.O. Box 944272
Sacramento, CA 94244-2720

Collaborative Planning Grant

Form P-1 ANNUAL EXPENDITURE REPORT – COLLABORATIVE PLANNING GRANT

Submit this form to report expenditures made during the first year of the Planning Grant period. When all funds are expended during year 1 or 2, you may close your grant by submitting Form P-2, the Final Expenditure Report. If you obligate funds into a third year, use the Annual Report form to report your second year expenditures. At the end of the third year use the Final Expenditure Report form.

Last Approved Budget—column (A): This column should tie to the original budget approved by the CDE at the time of the grant award. (If no budgetary concerns were raised during the approval process, the original budget will be that in the application. If the budget had to be revised before the grant award document was issued, that is the original budget to use.)

The budget should total the amount granted (usually \$50,000).

Total Expended—column (B): This column should reflect the cumulative expenditures since the inception of the grant.

Balance—column (C): Column (A) minus column (B). This column is the difference between the first two columns. It shows the amount in each category that remains unexpended. The main purpose of this column is to allow the grantee to make any adjustments as needed to accommodate expenditures in the remainder of the grant period.

Adjustments—column (D): Reflect all adjustments in this column. Include a “+” or “-” with all adjusted amounts. Once all adjustments are made, no deficits should be reflected in the Revised Budget column (E).

Narrative is required on ANY budget adjustments occurring from the latest approved budget. The narrative must include, by category number, the amount and reason(s) for adjustment(s).

Revised budget—column (E): This column must have the same total as in column (A). Any adjustments made in column (D) should be reflected in this Revised Budget column (E). No category should have an amount in this column that is less than the amount in the Total Expended column (B). No deficits should be reflected in the Revised Budget column (E). When it is approved by CDE, this **Revised Budget becomes the Budget column (A) on the next expenditure report.**

Form P-2 FINAL EXPENDITURE REPORT – COLLABORATIVE PLANNING GRANT

Submit this form to close the grant when all funds are expended and any outstanding obligations have been liquidated. If the expenditure report shows a remaining balance, please enclose a check payable to the California Department of Education with the report.

Last Approved Budget—column (A): Same as the Last Approved Budget column (A) on Form P-1 as filed at the end of Year 2.

Total Expended—column (B): This column should reflect the cumulative expenditures since the inception of the grant, including obligations liquidated after the end of the two-year grant period.

Balance—column (C): Column (A) minus column (B). This column shows any funds unexpended at the end of the year during which obligations are liquidated; those funds should be returned to the CDE.

Summary of results: This block shows a summary of total budget and total expenditures for the grant (usually \$50,000). **If the expenditure report shows a remaining balance, enclose a check payable to the California Department of Education with the report.**

Operational Grant:

Please keep Start-up and Annual Funds in separate accounts as required by legislation for reporting purposes.

Form O-1 ANNUAL EXPENDITURE REPORT – OPERATIONAL GRANT

Submit this form to report expenditures at the end of each year prior to the end of your grant period. It will be the first four reports (if you extend to five years). If the Start-Up funds were shown as fully expended on a prior report, check the box indicating so, and do not fill in the amounts. If start-up funds have not been fully expended, please complete this portion of the report.

Last Approved Budget—column (A): On the first report this column should tie to the original budget approved by the CDE at the time of the grant award. (If no budgetary concerns were raised during the approval process, the original budget will be that in the application. If the budget had to be revised before the grant award document was issued, that is the original budget to use).

Start-Up Budget: The Start Up Funds budget should total the amount included in the grant award (a maximum of \$100,000).

Annual Funds Budget: The Annual Funds budget should total the amount granted for all years (usually \$300,000).

Total Expended—column (B): This column should reflect the cumulative expenditures since the inception of the grant.

Balance—column (C): Column (A) minus column (B). This column is the difference between the first two columns. It shows the amount in each category that remains unexpended. The main purpose of this column is to allow the grantee to make any adjustments as needed to accommodate expenditures for the remainder of the grant period.

Adjustments—column (D): Reflect all adjustments in this column. Include a “+” or “-” with all adjusted amounts. Once all adjustments are made, no deficits should be reflected in the Revised Budget column (E).

Narrative is required on ANY budget adjustments occurring from the latest approved budget. This is mandatory. The narrative must include, by category number, the amount and reason(s) for adjustment(s).

Revised budget—column (E): This column must have the same total as in column (A). Any adjustments made in column (D) should be reflected in this Revised Budget (E). No category should have an amount in this column that is less than the amount in the Total Expended column (B). No deficits should be reflected in the Revised Budget column (E). When it is approved by CDE, this **Revised Budget becomes the Budget (A) column on the next expenditure report.**

Form O-2 FINAL EXPENDITURE REPORT – OPERATIONAL GRANT

Submit this form to close the grant when all funds are expended and any outstanding obligations have been liquidated. Please include the information about the Start-Up grant in this report. If the expenditure report shows a remaining balance, please enclose a check payable to the California Department of Education with the report.

Last Approved Budget — column (A): Same as the Last Approved Budget column (A) above.

Total Expended — column (B): This column should reflect the cumulative expenditures since the inception of the grant, including obligations liquidated and carryover funds expended after the end of the grant period.

Balance — column (C): Column (A) minus column (B). This column shows any funds unexpended at the end of the year during which obligations are liquidated.

Adjustments—column (D): Reflect all adjustments in this column. Include a “+” or “-” with all adjusted amounts. Once all adjustments are made, no deficits should be reflected in the Revised Budget column (E).

Narrative is required on ANY budget adjustments occurring from the latest approved budget. This is mandatory. The narrative must include, by category number, the amount and reason(s) for adjustment(s).

Revised budget—column (E): This column must have the same total as in column (A). Any adjustments made in column (D) should be reflected in this Revised Budget column (E). No category should have an amount in this column that is less than the amount in the Total Expended column (B). No deficits should be reflected in the Revised Budget column (E). When it is approved by CDE, this **Revised Budget becomes the Budget column (A) on the next expenditure report.**

Summary of results: This block shows a summary of total budget and total expenditures for both the Start-Up and Annual grants (usually \$400,000). **If the expenditure report shows a remaining balance, enclose a check payable to the California Department of Education with the report.**

If you have questions regarding the completion of your report, please contact Shirley Day, Analyst, Healthy Start Office, at (916) 319-0298.

HEALTHY START DEFINITION OF LEGALLY OBLIGATED

Healthy Start Grant Conditions (from grant award conditions form):

"All approved project funds must be *expended* or *obligated* within the dates designated and for the amount indicated..."

LEGALLY OBLIGATED: Legal obligations represent commitments made by a local educational agency (LEA) to purchase goods or services either immediately or in a future period. Written commitments are generally in the form of a purchase order or written contract. The question of whether or not an obligation qualifies for funding from a current year grant is determined by what the obligation is for and if the obligation is made within the current grant period (**i.e., on or before June 30,XXXX**). The following table shows when a legal obligation occurs.

If the obligation is for ...	The legal obligation is made ...
· Acquisition of real or personal property	On the date on which the LEA makes a binding written commitment.
· Personal services by an employee of the LEA	When the services are performed.
· Personal services by a contractor who is <u>not</u> an employee of the LEA	On the date on which the LEA makes a binding written commitment to obtain the services.
· Performance of work other than personal services (example: a maintenance service contract)	On the date on which the LEA makes a binding written commitment to obtain the work.
· Public utilities services	When the LEA received the services.
· Travel, conferences	When the travel is taken or conference attended.
· Rental of real or personal property	When the LEA uses the property.

LIQUIDATED: A legal obligation is liquidated when the goods or services are actually paid for (i.e., when the warrant is issued for payment of the invoice). **Within one year following the end of the grant period, any outstanding obligations need to be fully liquidated.**

Should you have questions concerning the information provided on legally obligated, please contact the Healthy Start Office at (916) 319-0923.

Grant ID#: LEA: Identifying School: Grant Amount: \$
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Telephone: (916) 319-0923

Return to:
Calif. Department of Education
 Healthy Start Office, Suite 6408
 P. O. Box 944272
 Sacramento, CA 94244-2720

<p align="center"><u>DUE SEPTEMBER 30</u></p> <p>COLLABORATIVE PLANNING GRANTEES :</p> <p>Grant Period:</p> <p>Expenditure Period:</p>
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Category	(A) Last Approved Budget	(B) Total Expended	(C) =(A)-(B) Balance	(D) + / - Adjustments*	(E)=(A)+/- (D) Revised Budget
1000: Certificated Personnel					
2000: Classified Personnel					
3000: Employee Benefits					
4000: Books and Supplies					
5000: Services & Operating					
6400/6500: Equipment & Equipment Replacement					
Indirect costs (current year rate used _____%)					
6000: Capital Outlay (except 6400/6500)					
TOTALS				\$0	

↑-----Totals in Column A and Column E must match-----↑

***Narrative is required on ANY budget adjustments (column D) occurring from the latest approved budget.**
 The narrative must include, by category number, the amount and reason(s) for adjustment(s).

Certification: I hereby certify that (1) the expenditures reported have been made and the program/project has been conducted in accordance with federal and state laws and regulations, the approved application, and amendments for this program/project; (2) the 25% match requirement has been met and that no state or federal categorical funds were used in the match; (3) that the collaborative has concurred in any changes in our program; (4) no funds were expended for out-of-state travel; and (5) full records of receipts and expenditures have been maintained and are available for audit. I further certify that equipment purchases did not exceed 10% of the total grant; that no direct services were provided; and that no facilities costs were incurred.

Prepared by:	Title:	Telephone:	Fax:
Grant Contact:	Signature of Grant Contact:	Telephone:	Fax:
Printed Name of Superintendent or Designee (include title):		Signature of Superintendent or Designee:	Date:

Grant ID#: LEA: Identifying School: Grant Amount: \$	Telephone: 916/319-0923 Return to: Calif. Department of Education Healthy Start Office, Suite 6408 P. O. Box 944272 Sacramento, CA 94244-2720	<u>DUE SEPTEMBER 30</u> COLLABORATIVE PLANNING GRANTEEES : Grant Period: Expenditure Period:
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Category	(A) Last Approved Budget	(B) Total Expended	(C) =(A)-(B) Balance	(D) + / - Adjustments*	(E)=(A)+/- (D) Revised Budget
1000: Certificated Personnel					
2000: Classified Personnel					
3000: Employee Benefits					
4000: Books and Supplies					
5000: Services & Operating					
6400/6500: Equipment & Equipment Replacement					
Indirect costs (current year rate used _____%)					
6000: Capital Outlay (except 6400/6500)					
TOTALS				\$0	

↑-----Totals in Column A and Column E must match-----↑

***Narrative is required on ANY budget adjustments (column D) occurring from the latest approved budget.**
 The narrative must include, by category number, the amount and reason(s) for adjustment(s).

Summary	Total Grant Amount:	\$	** Balance not expended must be returned to the CDE. Enclose check payable to the California Department of Education with this expenditure report.
	Total Grant Expenditures:	-	
	Balance due CDE:	=	

Note: See definition of **obligated funds** located in the Budget Information Packet. Obligations must have been entered into prior to the end of the grant period. Within one year following the end of the grant period, any outstanding obligations must be fully liquidated and a final expenditure report (Form P-2) must be submitted.

Certification: I hereby certify that (1) the expenditures reported have been made and the program/project has been conducted in accordance with federal and state laws and regulations, the approved application, and amendments for this program/project; (2) the 25% match requirement has been met and that no state or federal categorical funds were used in the match; (3) that the collaborative has concurred in any changes in our program; (4) no funds were expended for out-of-state travel; and (5) full records of receipts and expenditures have been maintained and are available for audit. I further certify that equipment purchases did not exceed 10% of the total grant; that no direct services were provided; that no facilities costs were incurred. I further certify that the obligated expenditures reported at June 30 meet the definition of obligated funds.

Prepared by:	Title:	Telephone:	Fax:
Grant Contact:	Signature of Grant Contact:	Telephone:	Fax:
Printed Name of Superintendent or Designee (include title):		Signature of Superintendent or Designee:	Date:

Grant ID#:

LEA:

Identifying School:

Start Up Funding: \$

Total Annual Funding: \$

Telephone: 916/319-0923

Return to:

Calif. Department of Education

Healthy Start Office, Suite 6408

P. O. Box 944272

Sacramento, CA 94244-2720

DUE SEPTEMBER 30

OPERATIONAL GRANTEES :

Grant Period:

Expenditure Period:

START UP FUNDS only (not to exceed \$100,000)

() Check here if Start Up funds were reported as fully expended on prior report.

Category	(A) Last Approved Budget	(B) Total Expended	(C) = (A)-(B) Balance	(D)=(A) +/- any Adjustments*	(E) = (A) +/- (D) Revised Budget
1000: Certificated Personnel					
2000: Classified Personnel					
3000: Employee Benefits					
4000: Books and Supplies					
5000: Services & Operating					
6400/6500: Equipment & Equipment Replacement					
Indirect costs (current year rate used _____%)					
6000: Capital Outlay (except 6400/6500)					
TOTALS				\$0	

↑-----Totals in Column A and Column E must match-----↑

ANNUAL FUNDS only (not to exceed \$300,000)

Category	(A) Last Approved Budget	(B) Total Expended	(C) = (A)-(B) Balance	(D)=(A) +/- any Adjustments*	(E) = (A) +/- (D) Revised Budget
1000: Certificated Personnel					
2000: Classified Personnel					
3000: Employee Benefits					
4000: Books and Supplies					
5000: Services & Operating					
6400/6500: Equipment & Equipment Replacement					
Indirect costs (current year rate used _____%)					
6000: Capital Outlay (except 6400/6500)					
TOTALS				\$0	

↑-----Totals in Column A and Column E must match-----↑

***Narrative is required on ANY budget adjustments occurring from the latest approved budget.**

The narrative must include, by category number, the amount and reason(s) for adjustment(s).

Certification: I hereby certify that: (1) the expenditures reported have been made and the program/project has been conducted in accordance with federal and state laws and regulations, the approved application, and amendments for this program/project; (2) the 25% match requirement has been met and no state or federal categorical funds were used in the match; (3) the collaborative has concurred with any changes in our program; (4) no funds were expended for out-of-state travel; and (5) full records of receipts and expenditures have been maintained and are available for audit. I further certify that our Start Up expenditures do not include costs for facilities acquisition and that costs for renovation of existing facilities did not exceed \$50,000. From Annual funds no more than 50% of the total was used for direct services, equipment purchases did not exceed 10% of the total, and facilities acquisition costs did not exceed 15% of the total budget.

Prepared by:	Title:	Telephone:	Fax:
Grant Contact:	Signature of Grant Contact:	Telephone:	Fax:
Printed Name of Superintendent or Designee (include title):		Signature of Superintendent or Designee:	Date:

Grant ID#: LEA: Identifying School: Start Up Funding: \$ Total Annual Funding: \$	Telephone: 916/319-0923 Return to: Calif. Department of Education Healthy Start Office, Suite 6408 P. O. Box 944272 Sacramento, CA 94244-2720	<u>DUE SEPTEMBER 30</u> OPERATIONAL GRANTEES : Grant Period: Expenditure Period:
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START UP FUNDS only (not to exceed \$100,000) Must be completed.

Category	(A) Last Approved Budget	(B) Total Expended	(C) = (A)-(B) Balance	(D)=(A) +/- any Adjustments*	(E) = (A) +/- (D) Revised Budget
1000: Certificated Personnel					
2000: Classified Personnel					
3000: Employee Benefits					
4000: Books and Supplies					
5000: Services & Operating					
6400/6500: Equipment & Equipment Replacement					
Indirect costs (current year rate used %)					
6000: Capital Outlay (except 6400/6500)					
TOTALS				\$0	

↑-----Totals in Column A and Column E must match-----↑

ANNUAL FUNDS only (not to exceed \$300,000)

Category	(A) Last Approved Budget	(B) Total Expended	(C) = (A)-(B) Balance	(D)=(A) +/- any Adjustments*	(E) = (A) +/- (D) Revised Budget
1000: Certificated Personnel					
2000: Classified Personnel					
3000: Employee Benefits					
4000: Books and Supplies					
5000: Services & Operating					
6400/6500: Equipment & Equipment Replacement					
Indirect costs (current year rate used %)					
6000: Capital Outlay (except 6400/6500)					
TOTALS				\$0	

↑-----Totals in Column A and Column E must match-----↑

***Narrative is required on ANY budget adjustments occurring from the latest approved budget.**

The narrative must include, by category number, the amount and reason(s) for adjustment(s).

Summary	Total Grant Amount (Start Up + Annual):	\$	** Balance not expended must be returned to the CDE. Enclose check payable to the California Department of Education with this expenditure report.
	Total Grant Expenditures (Start Up + Annual):	-	
	Balance due CDE:	=	

Certification: I hereby certify that (1) the expenditures reported have been made and the program/project has been conducted in accordance with federal and state laws and regulations, the approved application, and amendments for this program/project; (2) the 25% match requirement has been met and that no state or federal categorical funds were used in the match; (3) that the collaborative has concurred in any changes in our program; (4) no funds were expended for out-of-state travel; and (5) full records of receipts and expenditures have been maintained and are available for audit. I further certify that our Start Up expenditures do not include costs for facilities acquisition, and that costs for renovation of existing facilities did not exceed \$50,000. From Annual funds no more than 50% of the total was used for direct services, equipment purchases did not exceed 10% of the total, and facilities acquisition costs did not exceed 15% of the total budget.

Prepared by:	Title:	Telephone:	Fax:
Healthy Start Grant Contact:	Signature:	Telephone:	Fax:
Superintendent or Designee: Name and Title:		Signature of Superintendent or Designee:	Date:



Healthy Start

Contact Person Update Request

FAX: (916) 319-0221

Please complete for each grant and fax or mail to:

California Department of Education
Healthy Start Office, Suite 6408
P. O. Box 944272
Sacramento, CA 94244-2720

Phone: (916) 319-0923

Date:	Grant ID #*:	District or County Office of Education
	*Number assigned by Healthy Start Office and included in correspondence/listings (e.g. 01-10-21)	
Type of Grant		
<input type="checkbox"/> Operational (5 years)		<input type="checkbox"/> Collaborative Planning (2 years)

Grant / District Contact Person		
Name:		Title:
Address:		
City:		Zip:
Telephone:	FAX:	E-mail:
School Site / Healthy Start Contact Person		
Name:		Title:
Address:		
City:		Zip:
Telephone:	FAX:	E-mail:

NO COVER LETTER REQUIRED. THANK YOU.